

behavior which may necessitate a variety of clinical interventions other than placing an inmate on suicide watch. These recommendations might include heightened staff or inmate interaction, a room/cell change, greater observation, or referral for psychotropic medication.

(1) *Non-suicidal inmates.* If the Program Coordinator determines that the inmate does not appear imminently suicidal, he/she shall document in writing the basis for this conclusion and any treatment recommendations made. This documentation is placed in the inmate's medical, psychology, and central file.

(2) *Suicidal inmates.* If the Program Coordinator determines the individual to have an imminent potential for suicide, the inmate will be placed on suicide watch in the institution's designated suicide prevention room. The actions and findings of the Program Coordinator will be documented, with copies going to the central file, medical record, psychology file, and the Warden. The inmate on watch will ordinarily be seen by the Program Coordinator on at least a daily basis. Unit staff will have frequent contact with the inmate while he/she is on watch. Only the Program Coordinator will have the authority to remove an inmate from suicide watch. Termination of the watch will be documented with copies to the central file, medical record, psychology file, and the Warden. There should be a clear description of the resolution of the crisis and guidelines for follow-up care.

§ 552.44 Housing suicidal inmates.

Inmates on watch will be placed in the institution's designated suicide prevention room, a non-administrative detention/segregation cell ordinarily located in the health services area. Despite the cell's location, the inmate will not be admitted as an in-patient unless there are medical indications that would necessitate immediate hospitalization.

§ 552.45 Authority and responsibility.

The Program Coordinator will have responsibility for determining the specific conditions of the watch.

§ 552.46 Suicide watches.

(a) *Requirements for watches.* Individuals assigned to suicide watch will have verbal communication with, and CONSTANT observation of, the suicidal inmate at all times.

(b) *Inmate companions.* Any institution, at the Warden's discretion, may utilize inmates as companions to help monitor suicidal inmates. If the Warden authorizes a companion program, the Program Coordinator will be responsible for the selection, training, assignment, and removal of individual companions. These companions will receive at least semi-annual training in program procedures and purpose. Inmates selected as companions shall receive performance pay for time spent monitoring a potentially suicidal inmate. The authorization for the use of inmate companions is to be made in writing by the Warden on a case-by-case basis.

§ 552.47 Custodial issues.

The Program Coordinator will arrange for a potentially suicidal inmate to be removed from Special Housing Unit status prior to completion of his/her administrative detention or sanction and placed on suicide watch. Once the suicide crisis is over, the inmate will be expected to satisfy the administrative detention or Disciplinary Segregation sanction unless the Segregation Review Official finds the completion of the administrative detention or sanction no longer necessary and/or advisable.

§ 552.48 Transfer of inmates to other institutions.

The Program Coordinator will be responsible for making emergency referrals of suicidal inmates to the appropriate medical center. No inmate who is determined to be imminently suicidal will be transferred to another institution, except to a medical center on an emergency basis.

§ 552.49 Analysis of suicides.

If an inmate suicide does occur, the Program Coordinator will immediately notify the Regional Administrator, Psychology Services, who will arrange for a psychological reconstruction of